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ART. I.—REPORT OF THE MEDICAL MISSIONARY SOCIETY'S
HOSPITAL AT MACAO, CHINA, 1840-41.

By WM. B. DIVER, M.D., AND B. HOBSON, M.B., F.R.C.S.

[We have been favoured by Dr. Diver, who has recently returned to this country, and settled in Ohio, in the practice of his profession, with the following Report, which exhibits the advantages afforded to the Chinese by the benevolent exertions of the officers of the Medical Missionary Society of China, of which we have been for some years an honorary member. Whether any other important results are to flow from the establishment of the society remains yet to seen.]

In July, 1838, the Society's Hospital in Macao, as mentioned in a former Report, was first opened for the reception of patients. It was closed on the 5th of October following, in consequence of the absence of a medical officer to take charge of the establishment. On the 1st of July, 1839, it was reopened: but, owing to the extraordinary events of that year, it was found necessary to suspend its operations on the 15th of the subsequent month. During that short space, 169 patients applied for medical aid. Although medicines were administered for some months afterwards to occasional applicants, the doors of the hospital were not again thrown open to receive either in or out-patients until August, 1840. From that time, the benefits of the institution have been conferred, without much interruption, on all who applied. The cases that have come under treatment have been various, but, as will be seen from the subjoined list, are chiefly surgical. A few of the more important ones were admitted into the wards, and if their circumstances required it, a small allowance of money was granted to buy rice and fuel. Many more would have gladly availed themselves of the convenience the wards afforded, had it been considered expedient at the time to receive them.

Of the diseases of the eye, which form such an essential and important class of the maladies of the Chinese, catarrhal and chronic ophthalmia, acute conjunctivitis, granular lids, entropium, pterygium and trichiasis, seem to be the most general. These ophthalmiæ, which the native physicians appear never to attempt to remedy, from neglect or irritation, usually excite a varicose state of the vessels of the conjunctiva, and a thickened vascular condition of the cornea and tarsi, terminating in opacity, leucoma and final loss of vision. In the catarrhal and acute ophthalmia, although the

practice of employing local stimulants is not recommended by some high authorities in ophthalmic surgery, yet the use of nitrate of silver from 5 to 10 grs. to an ounce of distilled water, has been found very successful, joined with aperients, in their treatment. Strong solutions also of subacetate of lead, and sulphates of copper and zinc, have proved of the greatest service in the chronic ophthalmia with granulations and opacity.

Cutaneous diseases also form a principal part of the diseases of the Chinese. *Pustular Scabies* affects the lower orders to a great extent, and although often formidable in its appearance, is rapidly cured by the application of sulphur with some oxide of mercury. A similar kind of treatment has been very successful in curing *Psoriasis annulata*.

The ulcers, enumerated; include ulcerations succeeding wounds, injuries, and other causes, affecting different parts of the body, but chiefly the inferior extremities. They are very numerous among the working classes, arising probably, from the heavy weights borne, a poor vegetable diet, or want of cleanliness. From neglect and inappropriate applications, they often become large and indolent, but by means of ablution and dressings of warm water, escharotic solutions, or stimulating ointments, they speedily assume a healthy appearance. As it is difficult to obtain linen, a kind of paper, manufactured by the Chinese, which is soft, flexible, not easily rent, and peculiarly well adapted to spread ointments upon, has been in a great measure substituted, and in the place of oiled silk, oiled paper of a superior quality, also prepared by the natives, has been used with great advantage: this, brushed over with a thin coating of gum arabic, forms an efficient adhesive plaster for small wounds.

August 20th.—A native was brought into the Hospital with a gun shot wound of the thigh, received during the engagement which took place the day previous between H. B. M.'s troops and the Chinese stationed at the Barrier. The ball entered the anterior and upper portion of the thigh, passed close to the femoral artery in a transverse direction, and lodged in the adipose tissue under the skin on the opposite side. An incision was made over it, and the foreign body extracted without difficulty. The wound thus made was kept patulous for a few days with small strips of lint covered with simple cerate, to allow of the discharge of sloughs which came away and left the passage clean. Healthy granulations formed; the wound healed, and the patient was discharged.

September 19th.—A man entered the wards with a gun shot wound of the foot, received during the battle of the Barrier. The ball entered the sole, as the foot was raised in the act of running, and passed through, injuring in its course the small bones of the instep.

The patient, upon being informed of the true state of the case; that time and patience were requisite to allow an opportunity for cure, expressed himself dissatisfied, and soon after was removed by his friends.

In April, a patient aged 24, was admitted with a gun shot wound of the leg: he stated, that he received the shot from a Portuguese soldier, who suspected him unjustly to be a thief. It was followed by much hemorrhage and pain. A native friend, seeing the ball near the outlet of the wound, forthwith by a gash cut it out. About two days afterwards, he came to the Hospital. The ball had entered posteriorly by the side of the tendo achillis, two inches above the inferior extremity of the fibula, leaving a round, ragged wound, and, comminuting that bone, remained flattened and uneven at the surface of the wound in front. The incision which had been made to extract it, was three inches in length, parallel and close to the anterior tibial artery. Several loose portions of bone were removed, warm water dressings applied, the leg rolled, and its position fixed.

The wound quickly granulated and healed, with the exception of a sinus anteriorly, which was kept open by portions of loose bone still left deeply in the wound. These gradually becoming more superficial, were taken out

with little injury to the soft parts: in a month, the patient was dismissed, the leg being straight and strong.

In September, a boy aged 16, from the country, was admitted as a patient, with three large sloughing ulcers of the leg. His health was impaired, and his pulse quick and feeble: therapeutic agents were administered, and the ulcers at first poulticed, and afterwards dressed with solutions of nitrate of silver and sulphate of copper, and the ordinary stimulating ointments,—but no benefit followed their use; on the contrary, the ulcers assumed a phagedenic character, and attended with irritative fever; other remedies also equally failed in checking the progress of the ulceration. Opium, dissolved in nitric acid slightly diluted was now applied, and happily produced an immediate change; the deep sloughs of muscle, nerves and vessels were thrown off, and all the sores presented a healthy granulating appearance. The warm water dressing, with the occasional use of sulphate of copper in solution, now speedily healed them.

The abscesses usually met with are large and chronic. Those of the scalp are frequent. Carbuncles, which are so common in hot climates, often come under treatment. Acute rheumatism has not yet been observed, but, on the contrary, chronic rheumatic pains of the joints and muscles are daily seen, arising probably from the usual causes of cold and damp in winter.

Wounds and contusions have been numerous: some have been severe from attacks by pirates. The chief character has been lacerated and superficial.

In September, a man aged 40, from the island of Honan, near Canton, entered the Hospital, suffering excruciating pain from retention of urine. On examining the patient, it was discovered that he was frequently subject to these seizures, but they were of short duration compared with the present, which had existed three days. The bladder was readily recognised, distended with fluid, and rising up to the umbilicus; the pulse quick, and countenance anxious. The urine was immediately drawn off by a silver catheter: it was dark, of strong ammoniacal odour, and exceeded two quarts. The next day it was necessary to renew the operation, and, for many days afterwards, changing the size of the catheter. The prostate was five times its natural size, and the urine deposited large quantities of thick, white sediment, which, on examination, was found to be chiefly the magnesio-phosphates. Active purging, with the daily use of the catheter, in three weeks restored him to his usual health; he returned subsequently to offer thanks, and continued well. As future attacks might reasonably be expected, a silver catheter was made for him at his own expense, which he learned how to use. Other cases of retention from stricture, or enlarged prostate, have been similarly treated; with the warmest thanks for the relief imparted.

Two cases of dislocation, one of the humerus into the axilla, and the other of the first phalanx of the thumb upon the anterior surface of the metacarpal bone, may just be noticed. Both had been dislocated for more than six weeks when they applied for admission. The first was occasioned by a fall from the mast to the deck of a ship, and the other from a blow. In the one case, extension and counter-extension were steadily maintained for two hours and a half, by means of ropes and pulleys; and the other, for a considerable length of time, and repeatedly, by a small cord fixed with a clove hitch; but neither of them could be reduced, though the system was nauseated by tartarised antimony.

A few interesting cases of thickening and deposition of serum in the cellular tissue of the leg, greatly distorting its size and shape, have been treated successfully, with stimulating liniments, equal and continued pressure by rollers, and saline aperients. But as soon as the pressure is removed, and the patient begins to walk, the disease has a tendency to return, and the integuments thicken and become hard, as in elephantiasis.

Some cases of enlarged spleen have come under observation, but too few at present to remark upon.

From the many opportunities that have presented, in examining the effects of opium-smoking upon the Chinese, some allusion to it may be expected. It is the unbiassed conviction of observers, that its habitual use is injurious to the health and happiness of those addicted to the practice. Its baneful influence is insidious, but certain; and its moderate indulgence, if means permit, lays the foundation for its continued and increasing use.

The three cases of poisoning, mentioned in the list, were produced by swallowing large doses of the extract of opium, under the influence of excited feelings: two were dead before remedies could be employed; the other, a young female, recovered, having vomited the opium before it could be absorbed into the system.

Further remarks upon the nature and character of the diseases of this and the neighbouring provinces will be reserved for a future report, when more ample opportunity has been afforded to form an important and extended analysis of them.

REGISTER OF DISEASES TREATED IN M. M. S. HOSPITAL AT MACAO, CHINA,
FROM AUGUST, 1840, TO JULY, 1841.

Diseases of the Eye.

Catarrhal ophthalmia	35	Epiphora	6
Chronic ophthalmia	21	Hypopium	3
Conjunctivitis, acute and chronic	38	Glaucoma	1
Cataract	22	Iritis	6
Entropium	16	Nyctalopia	4
Ectropium	4	Synechia posterior	1
Granular lids	43	Closure of the pupil	2
Opacity of cornea	35	Loss of vision	11
Ulcers of cornea	8	Diseased eye-lids	11
Staphyloma	5	Conical cornea	1
Pterygium	28	Ptosis	1
Leucoma	10	Tumor of upper lid	1
Trichiasis	15	Enlarged caruncula	1
Amaurosis	12	Abscesses of lachrymal sac	1

Diseases of the Skin.

Scabies	97	Herpes	7
Psoriasis	47	Bullæ	1
Lepra	7	Ichthyosis	1
Impetigo	9	Erysipelas	1
Porriço	9		

Diseases of the Chest.

Acute bronchitis	2	Catarrh	33
Chronic bronchitis	17	Asthma	2
Hæmoptysis	8	Chronic laryngitis	1

Diseases of the Abdomen.

Dyspepsia	30	Inguinal hernia, congenital	1
Ascites	4	Umbilical hernia, congenital	1
Diarrhœa	16	Hæmorrhoids	7
Enlarged spleen	5	Constipation	5
Inguinal hernia	4	Gastrodynia	2

Diseases of the Urinary Organs.

Retention of urine from enlarged prostate or stricture	10	Ulcers of prepuce and glans penis	6
Hydrocele	8	Bubo	8
Diseased testis	5	Dysuria	3
Phymosis (congenital)	2	Gonorrhœa	9

Diseases of the Uterine System.

Amenorrhœa	3	Prolapsus uteri	1
Suppressio mensium	2	Inflammation of pudenda	4

General Diseases.

Ulcers	220	Thickening of cellular tissue of the leg	11
Abscesses	70	Cachexia	9
Carbuncles	19	Diseased cervical glands	17
Rheumatism	96	Varicose veins	11
Lumbago	6	Enlarged thyroid gland	6
Intermittent and continued fever	13	Inflammation of tendo-Achillis	7
Onychia	14	Encysted tumors of the face	2
Whitloe	7	Ganglia on tendons	4
Inflammation of joints	18	Poisoning by taking a large dose of the extract of opium	3
Morbus coxarius	5	Deformity of the bones of the foot, from light and irregular bandaging	1
Dislocations	4	Anomalous, or unnecessary to name	64
Fractures	3	Vaccinations not recorded.	
Necrosis and caries	9		
Exfoliation of the outer table of the skull	1		
Exfoliation of the lower jaw	4		
Anasarca	17		

General Summary.

Ophthalmic diseases	342	Contusions	35
Cutaneous diseases	191	General and local diseases, not classified	725
Pectoral diseases	75		
Urinary diseases	51		
Uterine diseases	10	Total	1457
Wounds	41		

ART. II.—ANNUAL REPORT ON SURGERY, READ BEFORE THE COLLEGE OF PHYSICIANS OF PHILADELPHIA.

BY DR. PARRISH, NOVEMBER 2, 1841.

[From the "Quarterly Summary of the Transactions of the College of Physicians of Philadelphia,"—an old and most respectable body—we extract the following Report; and we may embrace the occasion to express our satisfaction, that the deliberations of the Society are to be laid before the profession periodically. The American Philosophical Society has regularly published its proceedings for the last three years; and the Academy of Natural Sciences has done the same for a shorter period. Both Societies are, we believe, highly impressed with the advantages of a course, which has been found so serviceable to the true interests of science elsewhere; and we are satisfied that the experiment cannot but be successful in the case of the Institution whose first 'Summary' is now before us.]

In presenting the Annual Report on Surgery, the writer must plead his recent appointment, and the absence of any precedent to guide him in the preparation of such a report, for the defective manner in which the duty is accomplished.

Without attempting to enter into minute details of the various new ideas, and improvements, which the retrospect of the past year might furnish—he will merely attempt briefly to sketch, some of the more important features

which mark the present era of Surgical Science. And first it may be stated, as a general remark, that the progress of the science, in some of its departments, has been remarkably rapid within the past few years—not a few novel operations have been devised, which have added greatly to the resources of the art, and have tended to elevate it in the scale of importance. A gradual advance is also apparent, in the principles which regulate the treatment of surgical diseases.

The office of inflammation, as a means of repairing injuries, or in other words, the distinction between inflammation, as a destructive process, and as a means of cure, appears to be now generally understood and appreciated.

The necessity of counteracting the sudden impression produced by violent injuries, by the use of opiates, stimuli, and other appropriate constitutional measures, is also generally conceded—as well as the importance of supporting the system, by nutritious diet and tonics, during the process of reparation, in extensive surfaces.

Opium, as a means of allaying pain, is also very generally employed in the treatment of surgical cases and before operations; the dread of its stimulating properties, once so general, having nearly passed away, at least within the sphere of our inquiries.

Simplicity of dressing and apparatus in the management of wounds, fractures, &c., seems to be preferred to complicated contrivances; tight bandaging is less employed than formerly; while rest and position are more urgently insisted upon.

Much attention has recently been devoted by surgeons to the constitutional treatment of surgical diseases, and many improvements have been introduced, which have rendered a resort to painful and mutilating operations less frequent. The scrofulous affections of the glandular system, which form a large class of tumours, as well as diseases of the joints, and other portions of the body, are treated with more certainty of success than formerly. The introduction of iodine and its preparations has been supposed by many to have contributed greatly to this result. Without controverting this point, it may perhaps be affirmed, that the more rational and comprehensive views which prevail in reference to the influence of hygienic measures in counteracting the tendency to scrofulous diseases, and in averting their progress when formed, have had a most salutary effect upon the practice. Much discussion still prevails in reference to the treatment of syphilis. The mercurial and non-mercurial practice, as applied to primary chancres, have each powerful advocates, and many facts are adduced in corroboration of both systems.

The advocates of the latter method, are said to be gaining ground in France and England, and not a few are to be found in this country. In the treatment of secondary symptoms, we believe, however, that mercury is cautiously employed by both classes of practitioners.

The publications of Ricord of Paris, on this subject, have exerted a powerful influence on modern opinion, both in Europe and in this country. This surgeon has devoted himself with peculiar assiduity to the investigation of the nature and treatment of syphilis. His opportunities for this purpose have been ample, and perhaps it may be said, unsurpassed by any of his contemporaries. He has charge of a large venereal hospital, with an average number of 150 patients, besides many out-door patients, together with a very extensive private practice in this class of affections. The opinions of such a man are certainly deserving of marked attention; and we cannot more appropriately carry out the intentions of the present Report, than by presenting a brief abstract of them, as derived from an intelligent medical friend, Dr. Lang, who, but a few months since, enjoyed the advantage of instruction from this eminent teacher.

M. Ricord divides syphilis into three classes of symptoms, viz.: the primary, the secondary, and the tertiary. He has incontestibly shown, by inoculation, that of these symptoms the primary alone are contagious, the others

being capable of being transmitted by inheritance alone. The primary symptom, *chancre*, in some of its forms, ought never, according to Mr. R.'s system, to be attacked by mercury in any form, but should be treated by local means. Should the patient apply to the surgeon within the first five days of the existence of the chancre, he should attempt its destruction by cauterisation, which should be as deep as prudent, in order, if possible, to convert the chancre into a simple ulcer. If he does not succeed in this, or if the disease has existed a longer time than that mentioned, he should attempt, by frequent superficial cauterisations, and dressings with aromatic wine, gradually to modify its surface, and in this way he will usually cause the ulcer to heal without any constitutional infection. Mr. R. thinks the chances of secondary disease are much increased by the administration of mercury. The reasons he gives for this are, that mercury has a powerful antiplastic effect, and thereby prevents the healing of the chancres, and moreover, that it stimulates the absorbents to carry the virus into the system. M. Ricord asserts that there is no authentic case on record of a chancre, destroyed within the first five days of its existence, giving rise to constitutional symptoms. Under the head of chancre, are of course included those ulcerations which follow the opening of virulent buboes. Nothing is of greater importance in the treatment of chancre, than frequent dressings, as the pus acts, if allowed to remain, as a permanent cause of disease; the dressings should, therefore, be renewed three or four times a day, or even oftener, according to the abundance of the suppuration.

In the regular uncomplicated chancre, the local treatment usually suffices, but should it have a tendency to become indurated, the induration frequently prevents cicatrisation, and even if it does cicatrise, the induration remaining, the patient cannot be considered as cured. M. Ricord considers the induration as an evidence that the constitution has become affected, and, in order to prove this, he frequently leaves a large number of those in his wards who are affected with indurated chancres, without general treatment, and sooner or later the secondary eruption makes its appearance, although in many cases the chancres had healed, leaving the induration which only yielded to the treatment for the secondary affection. If this position of M. Ricord be true, and it would seem to be so from his experiments, it is easy to account for the assertion of Hunter, that every truly syphilitic chancre must be followed by the general infection unless treated by constitutional remedies. As Mr. Hunter considered the indurated chancre as the only one truly syphilitic, he and M. Ricord are of the same opinion.

The phagedenic chancre is a variety which Mr. R. has found the greatest difficulty in curing. He says that he has known it to last for years without, however, ever giving rise to the secondary disease, unless it has become indurated, which he considers a fortunate thing, as it will then yield to the general treatment. During the time Dr. Lang was attending the Hospital, there were several phagedenic chancres in Mr. R.'s wards, which had resisted every kind of treatment usually employed, some of them had lasted from six to eight months. Having heard something of the treatment of chancres by the tincture of iodine, he determined to apply it in these cases, and he was delighted to find that without exception they all improved under its use, and in a very short time were all cured. This led him to make a systematic course of experiments on the use of this preparation in chancres in general; his results did not, however, show any particular efficacy in cases of common chancre, but where there was any tendency to a phagedenic character its employment was followed by the happiest results.

Secondary Symptoms. The secondary symptoms, according to M. Ricord's division, includes all that well known class of diseases of the skin, and mucous membranes of the mouth, nares, &c. which closely follow the primary affection, such as maculous, papulous, squamous, and pustulous eruptions, mucous tubercles, &c. &c. &c. When the chancre becomes indurated, he thinks it a sufficient evidence of the contamination of the consti-

tution, and immediately commences the mercurial treatment, united to the use of sudorifics, particularly sarsaparilla, which, however, he thinks has but little effect, and he only gives it on account of the vulgar prejudice in its favour. The form of mercury that he prefers for internal administration is the protoidide, which he gives in pills, containing one grain each. He commences by one pill every evening, and gradually increases if he finds that the dose is not sufficient; never, however, increasing as long as the patient is benefited by the dose he is giving. Salivation, he thinks, should by all means be avoided, and if the mouth becomes affected, the remedy should be suspended, to be recommenced when the salivation is cured. In addition to the general treatment in the mucous tubercle, M. Ricord uses a wash of the solution of chloride of soda (Labarraques) and then sprinkles the tubercles with dry calomel; he considers this as a truly specific treatment, and usually cures the local symptom by it in the course of a fortnight. In syphilitic iritis, with the mercury should be used antiphlogistics, belladonna, and in fact, all the remedies used in the same disease when not dependent upon syphilis. Opium is much used by Mr. R. wherever there is irritability or pain accompanying any symptom.

Tertiary Symptoms. This class of symptoms is generally developed very long after the primary disease; some of the cases occur even after the lapse of twenty or thirty years. The most common tertiary symptoms are, deep seated tubercles of the skin and mucous membranes (syphilitic lupus), osteocopic pains (syphilitic rheumatism), periostitis, osteitis and its consequences, caries and necrosis, nodis, &c. &c. M. Ricord says that the mercurial treatment, which is of little use, and often even hurtful in the primary disease, during the period of progress, becomes a powerful agent as soon as the induration commences, and shows its greatest efficacy when the characteristic secondary affection is at its height, again losing in a great measure its curative properties in the tertiary symptoms. The medicine which he considers as specific in this class of symptoms is the iodide of potassium, and in many of the symptoms it has effected a most rapid cure. Frequently Dr. Lang has seen patients enter the Hospital, who had suffered for months the most intense agonies from syphilitic rheumatism, rendering sleep almost impossible, and who, by the use of this medicine, have generally been relieved in the short space of four days, and generally within a week. Another of the symptoms in which it has appeared to be particularly beneficial, is the deep ulceration of the throat which follows the submucous tubercles of this part, and so frequently carries away a great part of the soft palate. The progress of these ulcers is generally stopped in the course of two weeks, and they then speedily heal. M. Ricord usually commences with this medicine in the dose of thirty-six grains, and increases it eighteen grains about every four days, provided its effects are not produced. His mode of administering it is in solution of hop tea made with an ounce of hops to the pint of boiling water, which is allowed to infuse for four hours; he then adds thirty-six grains of iodide of potassium, which is taken in the course of a day. The only effect produced by the medicine besides the cure of the disease, is an increase in the appetite of the patient. In a few rare cases it will produce a little gastric irritation or a diarrhœa, and the dose should then be lessened. It is used in all the tertiary symptoms with great benefit, but in those which I have mentioned its effects are surprisingly rapid.

There are some cases of constitutional syphilitic disease, which cannot be classed either with the secondary or tertiary symptoms, but partake of the character of both: these cases are most advantageously treated, according to Mr. R., by combining the mercurial treatment with that by the iodide of potassium.

During the past year several new operations for the cure of deformities have been introduced amongst us.

Much attention has recently been bestowed upon this branch of Surgery, especially in Germany, where the operations referred to have originated—

and so important are the results of these investigations deemed, that the relief and cure of deformities has been erected into a speciality under the name of Orthæpedic Surgery.

The division of tendons, muscles, and fasciæ, is now extensively practised in cases where mechanical measures alone have heretofore been relied on. Many cures are reported as having been performed, in the several varieties of talipes or club foot, by division of tendons which it is thought would have resisted mechanical means, or would have been a much longer time under treatment, if trusted to these means alone. On the other hand, it has been asserted, that a properly constructed apparatus will accomplish all the ends which the division of the tendon can effect, in a period equally short, and with less injury to the limb. Without hazarding the expression of an opinion on this subject, it may safely be asserted, that much of the evidence on both sides of the question lacks that certainty and philosophical accuracy which should distinguish medical testimony.

Cases have been reported as cures, long before sufficient time had elapsed, for the ordinary operations of nature to effect those changes in the form and of the limb, to adapt extensive surfaces which had been distorted from birth, to such a condition, as could alone justify us to pronounce the case as cured.

Many surgeons, charmed with the novelty and simplicity of the operation of dividing a tendon, and delighted with its immediate effects, have been led into hasty reports of success, which perhaps their more mature consideration would scarcely justify. It is by time and more enlarged observation alone, that the value of this operation can be tested, and that its claim to be ranked amongst the improvements of Surgery can be established.

The method of operating now generally pursued was devised by Stromeyer, of Hanover, and is certainly both safe and ingenious. The operation of dividing the tendo achillis is not new; it was first performed under the direction of Thilenius, an Italian, in 1784, and was repeated by Satorius, Delpech, and Stromeyer. The latter surgeon has, however, been chiefly instrumental in awakening general attention to it, and in extending the cure of other deformities.

Dr. Detmold, formerly of Hanover, now of New York, was amongst the first who operated in this country, and by his report of cases published in the *American Journal of Medical Science*, for May, 1838, the attention of American surgeons was generally awakened to the subject. From that period, to the present time, the operation has been extensively practised, both here and abroad, and many reports of its results have been published.

The division of muscles has been practised in the deformities of the lower extremity, besides club-foot, as also in that distressing affection called *wry-neck*.

Another operation which has excited a very general interest, is that recently devised by the celebrated Berlin Professor, Dieffenbach, for the cure of strabismus.

The account of this operation reached us about the middle of the past year, since which period it has been practised in a great number of cases. The results are said to be most gratifying, and the failures rare. The testimony afforded upon this subject, has also been of a doubtful character, many cases having been reported through the newspapers and other unprofessional channels, before sufficient time had elapsed, to test the actual results of the operation. From reports which can be relied on, however, there seems to be no doubt that some cases of strabismus have been cured, and that the operation may be ranked among the improvements of modern Surgery; whilst it is equally true, that its indiscriminate application to all cases, is absurd and highly detrimental to the best interests of science.

It is also to be remarked, that the short period which has elapsed since the introduction of the operation, does not enable us to judge with precision of the ultimate effects which the division of one or more muscles of the eye

may have upon the actions of the rest. May not the division of the internal rectus, for instance, produce a tendency to eversion of the eye-ball, under the action of the opposing muscle, long after the immediate effects of the operation have passed over? It is said, that this result has occurred in some instances. How far it is to be apprehended in other cases, time alone must determine.

We shall notice one other operation of still more modern date, being the product of the present year. We allude to the operation for stammering, also devised by the Berlin Professor, Dieffenbach. This consists of an incision carried completely through the tongue at its root. Three methods are described by the Professor. First: The transverse horizontal division of the base of tongue. Secondly: The subcutaneous transverse division, leaving the mucous covering undivided. Thirdly: The horizontal division, with excision of a wedge-shaped portion of the tongue. All of these methods were experimented upon, and the last alone considered as adequate to the end in view.

When we consider the extreme vascularity of the tongue, together with the great difficulty of arresting hemorrhage issuing from it, we need not wonder that extensive operations upon this member have ever been regarded by surgeons in a serious light, and justifiable only in cases where the life of the patient is in jeopardy.

It is, therefore, truly surprising, that an operation so formidable as that under consideration should be attempted for the relief of a defect, extremely inconvenient and distressing, it is true, but not injurious to the health of the individual. A defect too, which, in a large proportion of cases, is dependent upon habit, or upon peculiar states of mind, and is to be remedied by a protracted system of mental and moral discipline, with appropriate vocal exercises, rather than by a resort to so dangerous an expedient.

The inventor's own estimate of the dangers of the operation are thus stated: "It can never be performed," says he, "by any one who has not the temperament of an operator; the hemorrhage must hold all others at a respectable distance. The extent and importance of the operation, the possible danger to life, or loss of the tongue, through a want of skill in the assistants, who may tear it, when so nearly separated, or from mortification or ulceration of its connecting isthmus—these are contingencies rationally to be feared, and which must be carefully weighed beforehand."

And yet, with these "rational fears" before him, the Professor hesitates not to recommend the operation, and surgeons of eminence, in France and England, are rash enough to act upon the suggestion, even at the risk of human life. And this too, when the results of the operation are doubtful, and before sufficient time has elapsed to pronounce with certainty upon them. No account of the operation of Dieffenbach having been performed in this country has reached us, and we hope, for the honour of American surgery, that no respectable operator will attempt it.

In hinting thus briefly at the several new operations introduced for the cure of deformities, we cannot withhold the expression of sincere regret, that this department of surgery, which, however useful in its place, is still subordinate to the higher aims of the science, which consists in the cure of those various surgical diseases, involving the life or limbs, without a resort to the knife, should be magnified into undue importance, and seized upon by the unprincipled and ambitious, as a means of exciting popular attention towards themselves.

Within the past few years, the records of Surgery have been defaced by the most extravagant accounts of the success of tendon cutting, and other operations to cure deformities. Take the following heading as an example: "Subcutaneous section of forty-two muscles, tendons or ligaments, practised the same day, on the same person, to cure a general articular deformity, by M. Jules Guerin, of Paris."

Cases have been reported as cures long before sufficient time had elapsed

to pronounce them as such, according to the fixed cases of nature and the legitimate deductions of reason. Thus it is, that the confidence of the profession on medical testimony is weakened, and the permanent progress of the science is impeded.

We cannot close this subject, without a brief allusion to several novel operations, which have originated in our own city, although they do not belong to the particular period under review.

We shall first designate the operation of Dr. Rhea Barton, for the cure of a most distressing deformity of the lower extremity, from inflammation of the knee joint, resulting in ankylosis. This operation has excited the admiration of surgeons both here and abroad, and may well be ranked among the recent brilliant triumphs of surgical skill; it consisted, as is generally known, in excising an angular portion of the os femoris, a few inches above the knee joint, the apex of the triangle, being on the lower surface of the bone, and the continuity of its shaft being preserved by a thin ledge of bone, which was left untouched.

The loss of this triangular piece, presented of course two cut surfaces of bone, and a considerable vacuity, increasing in width from the apex to the base of the triangle; these two surfaces were now gradually approximated, and as they approached each other, the leg, which was bent at right angles with the thigh, was extended; union between the bony surfaces took place, and, as it progressed, the limb was placed in a position occasioning the least deformity and inconvenience to the patient, and enabling him to use it with facility, for all the purposes of locomotion.

We do not attempt here an accurate description of the operation, but must refer the Fellows to the *American Journal of Medical Science*, in which a full report of the case will be found.

A most ingenious operation for the cure of recto-vaginal fistula has also been devised by the same surgeon, within a short period, for an account of which we must refer to the same Journal.

BIBLIOGRAPHICAL NOTICES.

Reports, &c. on Insane Asylums.

We have received interesting and valuable reports from some of the excellent establishments for the Insane in this country; and by the kindness of a philanthropic friend, who has recently visited England, we have been favoured with the excellent work of Jacobi and the Annual Reports of some of the Lunatic Asylums of Great Britain; each of which merits a passing notice.

We have often had occasion to remark—in the pages of this Journal and elsewhere—on the signal success which has attended the skilful and benevolent exertions of those under whose direction different insane institutions of our country are happily placed, and although doubt may exist in regard to some of the statistical details that have been laid before the public from time to time by too enthusiastic superintendents, the number, capable of being restored to reason, when placed at an early period under appropriate treatment, is so considerable, that our ancestors—a hundred years ago—if permitted to revisit this earth—would be compelled to esteem the statements absolutely incredible.

The first report to which we shall draw attention, is that of the *Pennsylvania Hospital for the Insane*,¹ which is drawn up by the able Physician of the Institution, Dr. Kirkbride. It is a part of the city Pennsylvania Hospital, and is a noble establishment, erected on the western side of the Schuylkill for the reception of the Insane exclusively. The Report before us contains a detailed account of the operations of the new hospital during the year 1841; and to it—as being the first Report—is prefixed a short sketch of its history, buildings, and organisation. Of the latter we can only say, that they are admirably adapted for the purpose, and personal observation enables us to depose to the excellence of the medical and economical management. A beautiful view of this capacious and imposing structure is prefixed to the Report.

The number of patients admitted during the year was 176; of these there were discharged or died 61, and 115 remain.

Our space will not permit us to do more than extract Dr. Kirkbride's judicious remarks on the interesting subject of "Restraint" in the treatment of patients.

Although our improved accommodations, and increased facilities for controlling the Insane, have enabled us, in many cases, to dispense with means of restraint that had previously been deemed necessary,—it is a pleasant reflection, that none but those of the mildest character have for a long period been employed in the Pennsylvania Hospital.

The year 1792, which witnessed the noble labours of Pinel, in striking off the chains of the maniac, and abolishing the abuses which existed in the French asylums,—was also the period at which members of the Society of Friends in England, united in establishing the "Retreat" at York, which has since been so justly distinguished, and from which, soon after its foundation, emanated a code of *moral* treatment, which even at this day can hardly be surpassed.

From the active interest felt in the Pennsylvania Hospital, by members of the same religious body—the mild and rational system pursued at the Retreat was soon adopted in the former institution,—long indeed before a reform was more than thought of, in many of the establishments of a similar kind in Great Britain.

It is on this account that we are not able to present such a striking picture of abuses corrected, and of reforms introduced, as have, in other places, within a few years, been brought before the notice of the public. In Pennsylvania, during a long period, these abuses, and the imposition of violent and uncalled for means of restraint, have been confined to the jails and alms-houses of the Commonwealth; and their existence, even there, has exacted from the Legislature a provision which, it is to be hoped, will ere long place all the poor, and the so called criminal insane, in accommodations of a superior order, and where only the most enlightened treatment will be pursued.

Simple seclusion in chambers properly secured, has been resorted to during the past year, in by far the greater number of cases that have appeared to require restraint of any kind. In others, leather wristbands, secured by a belt around the body, or mittens of the same material, or of canvass, have been employed, in rare cases, with a soft band about the ancles, and two patients have occasionally been kept on their beds with much advantage, by an apparatus also of leather, but admitting of much freedom of motion.

The so-called "tranquilising chair" has not been seen in our wards, nor

¹ Report of the Pennsylvania Hospital for the Insane, for the year 1841, with a Sketch of its History, Buildings, and Organisation. By Thomas S. Kirkbride, M. D., Physician to the Institution. 8vo. pp. 46. Philadelphia, 1841.

is the muff or strait-jacket among our regular means of restraint. The latter contrivance was used in two cases—only because in our anxiety to prevent a dependence upon apparatus for restraining violent patients—we had little sent from the old Hospital; and as it happened, at that time, there was nothing but the jacket that could be used for these individuals.

With the exceptions just indicated, no species of personal restraint has been resorted to, but those previously mentioned—and of these the use has been comparatively rare. For nearly three months after opening the house, not an article for restraint was used in the Hospital. We have frequently, during a whole fortnight, had a family of more than one hundred patients, without any kind of restraint upon the person of a single individual—not more than two or three confined to their rooms, and not more than half a dozen who were not able to take their meals in the dining rooms, at tables regularly furnished with crockery, knives, forks, and glasses.

From this freedom of action, and from these indulgences, we have found nothing but advantage, and encouragement to promote still less dependence upon restraining apparatus, as a means of controlling the Insane. To save the attendants trouble or labour is never admitted as a reason for its application,—the positive benefit of the patient is the only one, that is sound or justifiable, except under very peculiar circumstances.

We allow restraint to be allowed, only, by order of one of the physicians—and even the seclusion of a patient is to be promptly reported.

We have not dispensed with all restraining apparatus, because, under some circumstances, mild means of the kind are much less annoying to the patient, and effect the object in view with less irritation and more certainty, than the constant presence of even the best instructed attendants.

The great objection to the employment of restraint, and the positive injury produced by it, does not come so much from its application, as from its abuse, by being too long continued. Restraint or simple seclusion may be required for a week or a day, or it is possible that a single hour will be more beneficial than either;—and it ought never to be forgotten, that when either ceases to be useful, from that moment it becomes positively injurious.

It is to this too long continued seclusion and restraint, we fear, that we are to attribute the large number of chronic patients that are met with, totally careless of their persons, and with habits the most disgusting.

In this institution we have found upon releasing patients, whose hands had been in muffs for months or years, that they became less careless of their persons—improved in their general behaviour, and more cleanly in their habits. Two patients who had been chained in distant countries, have never required restraint of any kind; several who were represented as dangerous have regularly gone to the table, and used knives, forks, and glasses, without accident of any kind; and constant attention, night and day, has nearly cured some of the bad habits which had been of such long continuance as almost to preclude the hope of amendment.—p. 36.

The Report is drawn up with great care and commendable caution, and although Dr. Kirkbride dwells properly on the importance of the Insane being placed as early as possible under appropriate management, there is no attempt, by plausible statistics, to establish an astounding *per centage* of cures. There is reason, indeed, to believe, that these statistical evidences, so often afforded, are fallacious when closely inquired into, and that it must always be a matter of difficulty to fix upon the exact ratio of recoveries. Patients are detained in most institutions only so long as their friends desire, and are often withdrawn before the question of curability can be settled. A most erroneous inference might, therefore, be deduced from a simple inspection of the numerical statements of admissions and discharges. This has been properly animadverted upon by Dr. Kirkbride, and also, we are informed—

for, by some accident, the Report of the past year has not reached us—by Dr. Bell, the superintendent of the Charlestown, Mass. Institution for the Insane.

The Report of the Trustees of the *State Lunatic Asylum of New York*¹ is especially valuable, as containing a brief account of the various Insane establishments in the United States, and the views of their medical officers in regard to treatment, &c. Comprised in replies to letters addressed to them by the Trustees of the New York Asylum.

The document before us contains in addition to a short and sensible Report of the Board of Trustees—‘A system of rules and regulations proposed for the State Asylum at Utica, 1842,’ at the head of which they place the excellent remark of Jacobi, as a motto:—“*The whole system of moral treatment of the Insane may be summed up in two words, KINDNESS and EMPLOYMENT.*” To this are appended statistical tables of the number of Insane in the United States, and in the State of New York, especially. The appendix, which forms more than two thirds of the document, is chiefly formed of the description of the chief asylums in the United States before referred to.

The Report is a useful addition to the library for future reference in regard to the condition of the chief lunatic asylums of the country, and the existing views in regard to the management of this unfortunate but interesting class of our population.

The Reports of Dr. Woodward, and of the excellent Institution of which he is the superintendant,² have done much to awaken attention in this country to the importance of a better management of the Insane, and to the erroneous notions which at one time—and even at a very recent period—prevailed in regard to them. The present Report exhibits all the ardour and enthusiasm that characterise its predecessors, and is an important contribution to the medical history of Insanity.

In the course of the past year, there were in the Hospital 399 patients; at the commencement of the year, 236, admitted in the course of the year, 163; remained at the end of the year, 232: of these last, 33 were cases of less duration than one year, and 199 of longer standing. Of 167 cases, discharged from the Hospital during the year, 68 were cases of less duration than one year; 62 recovered; 2 improved, and 4 died. Of 99 discharged, which were of longer duration than one year, 20 recovered, 34 improved; 37 were discharged as harmless and for want of room, and 8 died.

The Report of the County Lunatic Asylum at Hanwell, Middlesex, England,³ comprises the Report of the skilful and benevolent physician—Dr. Conolly—who has the medical charge of it. Like the Reports of our own excellent institutions, it contains tables of the causes, &c. of the malady in

¹ State of New York, No. 20. In Senate, Jan. 12, 1842. Report of the Trustees of the State Lunatic Asylum, with the documents accompanying the same, pursuant to the Act of the Legislature, passed May 16, 1841. 8vo. pp. 233. Albany, 1842.

² Ninth Annual Report of the Trustees of the State Lunatic Hospital at Worcester, Dec. 1841. 8vo. pp. 102. Boston, 1842.

³ The Fifty-fifth Report of the Visiting Justices of the County Lunatic Asylum at Hanwell. Small 8vo. pp. 123. London, 1840.

the different patients under treatment, of whom 213 were admitted in the year ending September 30, 1840.

The second part comprises the views of the superintendent as to the general management of the Insane, which are the result of enlarged observation and rare philanthropy. Dr. Conolly is well known as the energetic advocate of the system of non-restraint.

To this excellent charity is attached the "Queen Adelaide Fund,"¹ which was instituted with the view of assisting those who are discharged from the Institution cured, and whose condition is generally, under such circumstances, in the highest degree destitute. From the Report of a Committee now before us, it appears, that in the year 1840, the stock of this fund amounted to 4000 pounds.

The Report by Mr. Tuke, of the Retreat near York, England,² is chiefly of a business character. It contains, however, some tables of the admissions, recoveries, &c. since the time of its institution. The average number of Insane residents during the year 1840-41, was 91.3. The average of recoveries per cent. of the admissions from 1796 to 1841, is estimated at 50.35, the mean annual mortality, at 4.60 per cent.

The work of Dr. Jacobi³ is excellent, and ought to be in the hands of every one who is concerned directly or indirectly in the management of the Insane. We were already familiar with the author's excellent article, *Irrenanstalten* in the 19th vol. of the *Encyclopädisches Wörterbuch, der medicinischen Wissenschaften*. (s. 62. Berlin, 1839,) and are glad to observe his views are expanded in the work before us.

The introductory observations by Mr. Tuke are likewise full of interest.

*Bell on Regimen and Longevity.*⁴

The author of the volume before us has been long known as a writer on the important subject of Hygiène; and most of his adopted views, we apprehend, have already met with the support of his professional brethren. On one subject only, many may be disposed to decline accompanying him so far as he goes—we mean the temperance cause—which we think he not only at this time, but always has been, disposed to push to ultraism. We may be in error, but it appears to us that the great cause which Dr. Bell—and every philanthropist must be with him—has at heart, is injured by this course; and

¹ A List of the Subscribers to the Queen Adelaide Fund, for the Relief of the Destitute Insane on their Discharge from the Hanwell Lunatic Asylum, &c. &c. Small 8vo. pp. 28. London, 1840.

² State of an Institution near York, called the Retreat, for Persons afflicted with Disorders of the Mind. 12mo. pp. 16. York, 1841.

³ On the Construction and Management of Hospitals for the Insane; with a Particular Notice of the Institution at Siegburg. By Dr. Maximilian Jacobi, translated by John Kitching. With Introductory Observations, &c. By Samuel Tuke. 8vo pp. 300. London, 1841.

⁴ On Regimen and Longevity: comprising Materia Alimentaria, National Dietetic Usages, and the Influence of Civilization on Health and the Duration of Life. By John Bell, M. D., Lecturer on Materia Medica, Fellow of the College of Physicians of Philadelphia, Member of the American Philosophical Society, &c. &c. 12mo. pp. 424. Philadelphia, 1842.

that there is more danger from the effort to prove too much, than from leaving the argument even to a certain degree imperfect.

Of the moral and physical evils resulting from the *abuse* of alcoholic drinks no one can be more convinced than ourselves; but we have yet to be satisfied, that their prudent use must always be injurious. Dr. Bell affirms that they are not necessary for health; but the same may be said of numerous other articles of the *materia alimentaria*. In some of their forms, they certainly add to man's pleasure and enjoyments, and hence we esteem it but *natural* that he should have recourse to them under prudential restrictions, and believe that they can only be injurious when indulged in too copiously. The argument, that they are necessarily excitant, is not worth much; for we believe that the digestive function is better executed, and the whole frame more perfectly nourished, under occasional excitement—provided always that excitement be within due limits—than when all is carried on monotonously. Hence, change of diet becomes indispensable to plenary health, and is admitted to be so by all physiologists; thus acting in a manner analogous to vicissitudes of climate, which—when within certain limits—are, doubtless, we think, necessary for plenary mental and corporeal development.

Dr. Bell is, however, rigorously opposed to alcohol in every shape. Thus:

"Nobody believes, that their dilution [opium and quinine] or mode of combination causes any specific change in their properties, or that any modification of this kind will fit them for daily and habitual use by persons in health. It is reserved for the friends of alcohol to advance an exceptional plea in its favour, by an attempt to persuade us, that what in its purity and strength is a violent poison, becomes, by dilution and mixture, a safe and healthful beverage. The time was, still is in the opinion of many, when a dilution of alcohol, by the addition of an equal quantity of water and a slight flavouring with some essential oil, as that of barley, made it quite safe and proper. Now, however, in the opinion of an immense number of persons, this degree and fashion of dilution, being that in which distilled liquors are generally manufactured, does not prevent alcohol from poisoning the frame and perverting all the faculties of the mind, as poisons generally do. Whiskey and brandy and gin and rum drinkers and sellers are getting out of favour, and for stronger reasons than ever yet brought a class into disrepute. But they leave behind them a large and influential body, who, whilst disclaiming against any connection with or sympathy for them, hold very much to the same dietetic observances, by making use of the same intoxicating and poisonous element, only in smaller proportions and somewhat differently combined. These persons abjure alcohol in the proportion of 50 or even 45 per cent., as it comes in the shape of ardent spirits or distilled liquors, but they battle stoutly for the proportion of 25 down to 10 per cent. in the shape of wines. There is yet a third set at their heels, or the moderately alcoholic, who come in as plain, practical farmers, or honest manufacturers and labourers, and who quietly assure us, that they will be content with alcohol in drinks at the low rate of from 9 to 14 per cent., in the shape of cider and beer.

"All these three divisions are, however, in fact, arrayed in the same cause, and adopt the same banner, though with different devices; and they resemble much more different divisions of the same army than opposing forces. They all procure alcohol from the same source, and by the same primary process, viz. of fermentation. The manufacturers of ardent spirits have contrived to procure it in greater abundance by distillation from fermenting mixtures; but, in requital, they give back a portion to the makers of wines, in order to strengthen these latter liquors, and adapt them to the still pre-

vailing tastes for something rather more potentially alcoholic. Between the wine-press and the still there is then a close and almost inseparable connection, and so long as the former is in active operation, the latter will never be idle. From wine is educed spirits of wine, as alcohol is often called. Of the 924 millions of gallons of wine made in France, it will be remembered, that more than a seventh or 141 millions were manufactured into brandy (p. 223); a portion of which is used in giving more body to the wine that is reserved for exportation. Nor is French brandy alone used for this purpose. Mr. McCulloch, in speaking of the Catalonian wines, tells us that the exports from Barcelona to Cuba, are 12,000 pipes of wine and 3000 pipes of brandy; to South America, 16,000 pipes of wine and 6000 pipes of brandy; to the North of Europe, 2000 pipes of wine and 2000 pipes of brandy. So that for every three pipes of wine, there goes with it more than a pipe of brandy; both of them the product of the juice of the grape. The author just cited, adds: A good deal of brandy is sent to Cadiz and Cette; most part of the former finds its way into the wine vaults of Xeres; and the latter being conveyed by the canal of Languedoc to the Garonne, is used in the preparation of the wines of Bordeaux."

And again: "The wine-drinker in Great Britain and the United States goes beyond the grog-drinker: the latter takes simply spirits and water, whereas he takes spirits and wine. By the standard of temperance, it will not be difficult to decide their respective merits; on the score of health, I would rather run the chances of the drinker of spirits and water, than of him who drinks spirits and wine. The probable longevity is in favour, as far as my observation and reading extend, of the grog-drinker. But from the imitation of either, we ought all devoutly to exclaim, 'Good Lord deliver us!'"—p. 348.

The author has, at some trouble, compiled interesting details of various national dietetic usages, and of the alimentary value of different articles of diet, and has cited statistical proofs—which will astonish the majority of our readers—that the people of France in their use of wine, cider, beer and brandy for drink consume, per individual, more than the people of Great Britain and Ireland per individual. We must refer, however, to the volume before us for the details on this subject.

In the haste of preparing the work for the press—which we know was urgent—some errors have escaped the author, such as "algæ or seed weeds"—¹ *blanc mange* for *blancmanger*, *Handb. d'Chem, Compestus Med. Ther.* for *Conspectus Med. Ther.*, *Rukman* for *Rickman*, *pro rota* for *pro ratâ*, &c.;—but these are trifles. The work contains a large mass of useful information, and we are happy in being able to recommend it to the perusal not only of the profession but of the laity.

Professor Wright's Introductory Lecture.²

There is much good ethical instruction contained in this lecture, conveyed, however, in a style which is much too florid and familiar to our taste, although such may not be the sentiment of those for whose information it was penned.

We apprehend, that the following remarks apply to other meridians than the one in which they were delivered.

"There is another subject of some delicacy, to which I cannot fail to

¹ What does the author mean when he affirms that the faculties of the drinker of malt liquors "are dull and sodden?"

² A Lecture delivered to the Students of the Medical College of Ohio, at the opening of the Session, 1841-42. By M. B. Wright, M.D., Professor, &c. 12mo. pp. 14. Cincinnati, 1841.

give a passing notice. A young man about to leave his home and his friends, in search of a situation favourable for practice, is often supplied with more gratuitous advice than he can turn to good account;—and much of this is given by those, whose judgments are too often controlled, by the honest, but mistaken zeal of their hearts. ‘When you have selected your location, join our church, and secure its patronage,’ is the subject of every-day council; and it is not often passed by unheeded, as many act upon the principle, that professions of goodness supply defects of knowledge. But, gentlemen, a declaration of wisdom upon important subjects of which you are ignorant, is one sin; hypocrisy in religion, another; and when combined in the same individual, unspeakably detestable is his character.

“Do not misinterpret my meaning,—do not understand me as objecting to church-membership, or to your becoming exemplary christians. Would to God that every one of us were true disciples of that best of all Physicians!—that when we had failed to impart healthful action to the mortal body, we might aid the spirit in its joyful flight to eternity!

“Happy is the man who can discern the beauties of pure religion—who feels in his heart its persuasive, soothing influence, and who reposes in safety upon its promises and hopes. There is nothing which more effectually controls the impetuous nature of man—nothing better calculated to develop and strengthen his affections—nothing, in a word, more efficient in making him what he should be. The immortal spirit, like Noah’s dove, flies everywhere, without being able to find one spot upon which to rest its weary wing, until it returns to the place whence it issued.

“Great, I say, is the happiness of the true christian—but, doubly cursed will he be, who aims to counterfeit the very essence of his Maker, for the sake of traffic. And I would say to those who encourage such conduct, look well to your responsibilities. While you are offering inducements to the physician, to become at heart and in practice a hypocrite, you are plunging your javelin deeper and deeper into the vitals of undefiled religion. Every day’s observation establishes the fact, that empty professors have filled more hearts with scepticism, than the most hardened villains that ever cursed God and died! Would any man dare, whilst administering the holy sacrament, to say, in words ‘Eat this, for it is emblematical of the broken body of your Saviour—drink this, for it is his blood—eat and drink, that you may the more effectually impose upon your fellow men?’ No, he dare not. His tongue would become paralysed, and withered in the effort; and yet, it is to be feared, he says this too often in effect.”

Forry on the Climate of the United States.¹

This is an excellent contribution towards the medical statistics of this country—based chiefly—as the author states in the title—on the records of the medical officers of the army. The work is divided into two parts,—the *first* comprising “Researches in Elucidation of the Laws of Climate in general, and especially the Climatic Features peculiar to the Region of the United States;” and the *second* embracing “Researches elucidating the Endemic Influences peculiar to the Systems of Climate developed in Part 1st.”

With most of the author’s views we entirely accord; indeed, the work affords evidence, that our own inquiries have received a portion of Dr. Forry’s attention. On the subject, however, of the vegetable origin of malaria, we are compelled to differ from him: his facts and arguments on this subject are not, indeed, more conclusive than those of his predecessors, whilst he adduces, we think, sufficient testimony against the soundness of his own

¹ The Climate of the United States and its Endemic Influences: based chiefly on the Records of the Medical Department and Adjutant-General’s Office, United States Army. By Samuel Forry, M. D. 8vo. pp. 380.

views. We do not, however, on this account, the less recommend Dr. Forry's labours to the notice of our professional brethren. His work is unquestionably one of the most interesting productions that have appeared on this interesting subject.

MISCELLANEOUS NOTICES.

Jefferson Medical College.—The exercises before the Graduating Class of the Jefferson Medical School, were held on the 10th of March at the Musical Fund Hall. The Valedictory—which was able, impressive, and appropriate—was delivered by Professor Huston. The degree of Doctor of Medicine was conferred on the following gentlemen,

* These gentlemen were already graduates of Dartmouth College, N. H.

<i>Names.</i>	<i>Resid.</i>	<i>Subjects of Thesis.</i>
Horace D. Ashton,	Va.	Cynanche trachealis.
Otis Ayer,*	N. H.	Cirsocele.
Elisha Brown,	Ohio.	Acute articular rheumatism.
Wm. M. Byars,	Ky.	Poisoning by corrosive sublimate.
Robert S. Beazley,	Va.	Hepatitis.
James Bringham,	Del.	Animal magnetism.
Wm. S. Bishop,	Pa.	Bilious pneumonia.
Agrippa N. Bell,	Va.	Spermatorrhœa.
James D. Browder,	Va.	Necrosis.
Wm. T. Craige,	Pa.	Chorea.
Wm. E. Cooke,	N. Scotia.	Typhus fever.
Frederick Crowley,	Pa.	Diaphoretics.
James W. Daily,	Ohio.	Intermittent fever.
Welding F. Dennis,	Pa.	Bronchocele.
Richard H. D. Ewell,	Tenn.	Hysteria.
James E. Ford,	Va.	Endocarditis.
Charles Huston,	Pa.	The skin.
Sterne Hotchkiss,	Ct.	Acute mucous colitis.
H. H. Humphrey,	Pa.	Homœopathy.
David H. Houston,	Del.	Miasmata.
Clement R. Harris,	Va.	Cynanche trachealis.
Alfred C. Holt,	Miss.	Morbid conditions of the great sympathetic nerve.
John W. Irby,	Va.	Venesection.
Henry W. Johnson,	Pa.	Obstetrics.
George C. Jones,	Del.	Puerperal fever.
Oliver W. Kellog,	Ct.	Spinal irritation.
Charles L. Lyon,	Pa.	Gastritis acuta.
James W. Lisle,	Pa.	Diphtheritic membrane of croup.
John G. Logue,	Pa.	Scarlatina.
John H. Miller,	Md.	Acute bronchitis.
Charles May,	Va.	Compression of the brain.
Andrew S. McMurray,	Pa.	Qualifications and duties of a physician.
Gerrard F. Mason,	Va.	Physiology of the liver.
Robert McElrath,	Pa.	Scarlet fever.
John M. Nunn,	Va.	Parturition.
Pat. Moffit O'Brien,	Ireland.	Proximate causes of inflammation.
Stephen Proctor,	Miss.	Magnolia grandiflora.
Wm. P. Rothrock,	Pa.	Mucous enteritis.
Benjamin F. Rea,	Ga.	Iced water in pyrexia, phlegmasia, &c.

<i>Names.</i>	<i>Resid.</i>	<i>Subjects of Thesis.</i>
John K. Robins,	Pa.	Chronic endogastritis.
Elijah B. Richman,	N. J.	Mania.
Ossian Sumner,	Ct.	Emetics.
Slater B. Stubbs,	Pa.	Intermittent fever.
Jackson Schaeffer,	Pa.	Dysmenorrhœa.
Michael Steck,	Pa.	Practical anatomy.
Benjamin Smith,	Pa.	Amenorrhœa.
Wm. Scott,	Pa.	Variola.
Wm. W. Sweat,	Me.	Surgery and Surgical practice.
John Schrack, Jr.,	Pa.	Vaccina.
Thomas W. Shelton,	Va.	Tight lacing.
Peter L. B. Stickney,	Pa.	Medical investigation.
David T. Trites,	Pa.	Blood, and its diseases.
Chas. F. Williams,	Ala.	Cynanche trachealis.
John H. Weir,	Pa.	Pertussis.
Gillet F. Watson,	Va.	Inflammation.
Chase Wiggins,*	N. H.	Rheumatism.
George B. Weiser,	Pa.	Circulation of the blood.
Henry M. Whitaker,	Ky.	Blood-letting.
Robert S. Woddrop,	S. C.	Strabismus.

The honorary degree of Doctor of Medicine was conferred on Joseph Frazer, of Penn., and John Cooper, of Poughkeepsie, N. Y.—Total, 61.

Transylvania Medical School.—The Annual Announcement of the Medical Department of Transylvania University gives the names of 271 students; whereof there were from Kentucky, 116; Tennessee, 33; Alabama, 30; South Carolina, 23; Georgia, 11; Missouri, 11; Mississippi, 9; Indiana, 9; Ohio, 8; Virginia, 7; Illinois, 5; Arkansas, 2; Pennsylvania, 2; Louisiana, 1; North Carolina, 1; Delaware, 1; New York, 1; Michigan, 1.

At the recent Commencement the degree of Doctor of Medicine was conferred on 55 gentlemen; and the honorary degree of M.D., on 2.

It would seem, that the class of the last session was more numerous than any of its predecessors.

Medical Society of Virginia.—We have received the Constitution and By-laws of the Medical Society of Virginia, revised and amended in January, 1842. The officers for the year 1842, are Robert W. Haxall, M.D., President; John A. Cunningham, M.D., Sr. Vice-President; Socrates Maupin, M.D., Jr. Vice President; Francis B. Watkins, M.D., Recording Secretary; Richard Cary Ambler, M.D., Cor. Secretary; James Bolton, M.D., Treasurer, and George G. Minor, M.D., Librarian.

Washington University of Baltimore.—Professor Baxley.

At a meeting of the Faculty of the Washington University, held recently, Dr. H. W. Baxley was unanimously elected Professor of Surgery and Surgical Anatomy, in place of Dr. Dunbar, resigned.

We have already referred more than once in the pages of the "*Intelligencer*" to this gentleman's qualifications as an anatomist and a teacher, and we doubt not, that the credit, which he has already acquired in the latter capacity, will be largely extended in his new sphere for observation and exertion.

Louisville Medical Institute.—The Annual Catalogue of this Institution contains the names of 262 students: of whom there were—from Kentucky, 89; Tennessee, 81; Alabama, 30; Mississippi, 20; Ohio, 14; Indiana, 10; Illinois, 4; Missouri, 3; Louisiana, 3; Virginia, 2; Georgia, 2; Pennsylvania, 1; New York, 1; New Jersey, 1, and Texas, 1.

The degree of Doctor of Medicine was conferred on 53 gentlemen; and the honorary degree on 4.

Physiological Temperance Society of the Medical Institute of Louisville.—We learn from the "proceedings" of this new society, with which we have been favoured, that on the 23d of December, 1841, Professor Drake presented to the Medical Class, a Constitution, which was immediately subscribed by seventy students, and subsequently by sixty-seven others, "making six more than half the class." One of the objects of its establishment is to investigate the causes, consequences, and remedies of intemperance in the use of alcoholic drinks and other narcotic stimulants; and every member binds himself to refrain from intoxicating beverages for five years after subscribing the Constitution.

The Report of the Committee, appointed to report how far the promotion of temperance should be regarded as a professional duty, is especially commendable for the avoidance of ultra sentiments, which—as we have elsewhere remarked—are apt to defeat the object of their authors. Professor Drake was the chairman of the committee.

Amongst the honorary members proposed by Professors Drake and Yandell, we notice Dr. Bell as the representative of Pennsylvania, who has certainly been a most energetic supporter of the great cause.

We would refer the members of this society to our observations on the treatment of delirium tremens, by the eclectic method on which we have expatiated elsewhere.¹ It is a subject which falls properly within the province of a society so constituted, and involves not only physical but moral considerations of deep interest.

Dr. Bowditch on the Trichina Spiralis.—An interesting account of the *Trichina spiralis* a parasitic *animalculum*, (where does Dr. Bowditch get the word *animalculæ*?) is contained in a recent number of the Boston Medical and Surgical Journal, (March 30, 1842,) with drawings of the animalcule in and out of the containing cyst.

After detailing the case of the patient, Dr. Bowditch thus refers to the appearances observed on dissection; premising, that this is the first time, so far as he knows, that the animalcule has been noticed in this country.

"Appearance of the Affected Cellular Membrane.—The muscles and cellular membrane underneath them seemed literally covered with myriads of minute white lines, looking at first sight like the ova of the common fly upon decaying animal matter. The bodies seemed to be attached rather to the cellular membrane running among the fibres, than to the muscular tissue itself. They lay parallel to the course of these fibres. They had no motion, and to the naked eye looked like simple lines. I attempted to approximate to the number which probably existed in the body, supposing the other voluntary muscles were as much affected by them as those mentioned

¹ Practice of Medicine, p. 342. Philadelphia, 1842.

above (vide autopsy.) I and another individual counted the number contained in a superficies of a quarter of an inch square. Both of us counted many more than fifty. Calling, however, this number the mean for every quarter of an inch over the trunk of the body, and allowing ten layers only (which is a very small number, when we consider that not the thinnest lamina could be removed from a muscle without exposing new specimens of the same morbid phenomena) from the surface to the bones of thorax or peritoneum, we shall have as follows: $50 \times 16 = 800 =$ number contained in a square inch; $800 \times 10 = 8000 =$ number contained in solid mass an inch square and ten layers deep. Supposing the height of the adult trunk to be fifteen inches, and the circumference thirty-two inches, we have as follows: $15 \times 32 \times 800 \times 10 = 3,840,000$, contained in the parietes of the trunk of the body. Supposing (what is still a moderate estimate) that the extremities taken together contain as many more, we have at least 7,680,000 of these minute bodies contained within the skin of this patient. Our wonder augments when we find that each of these bodies contains a minute parasitic animal!

"*Microscopic Observations.*—By the use of one of Chevalier's very excellent achromatic instruments, I observed as follows:—They seemed regular oval-shaped cysts, very translucent in the centre, opaque at both extremities. Upon examining very minutely, something very indefinite and circular was seen lying in the cyst. At first I was disposed to believe that this spiral was an alimentary canal, but subsequent investigation proved otherwise.—(Vide figure 1.) Upon using a higher magnifying power, we saw that while most of the bodies contained evidently a regular rounded worm-like body, others seemed opaque and yet very regular, whilst in one case the cyst had been evidently broken, and the creature had escaped from its interior.—(Vide figure 2.) In one case I observed two animals in one cyst. Dr. Farre has seen three, but this is very rare.

"I attempted to learn the dimensions of the cyst. They were as follows:—Length, about one sixtieth part of an inch; breadth, one hundred and twentieth. Unfortunately I had no micrometer when the figures of the cyst with the animal lying by its side presented themselves.

"My examination convinced me that there was a living and moving worm (looking like a lumbricus) contained in a cyst of very delicate texture, and containing besides its living inhabitant a gelatinous mass. It was evidently alive on Saturday evening (patient having died on Tuesday, and the autopsy having been made on Wednesday). Most were very quiet, and but two were seen to move by several observers. At times the whole body stirred, causing an enlargement and diminution of the spiral shape. Usually only one extremity, however, was slightly but very distinctly agitated. When there was most motion, the gelatinous-like substance already mentioned was moved likewise. The length of time that life continued after removal from the body of the patient, seems curious to me. Owen has mentioned¹ the fact of life having been discovered two weeks after the death of the subject in whom they were found. I watched with great care to see if there was any internal motion of the worm itself, of an intestinal or circulatory nature, but I saw none. One of my assistants thought that he did discover something slight of the kind, but I feared at the time he was in error. I endeavoured likewise to decide upon the internal structure, but I was baffled in a great measure. I could see evidently parietes of uniform thickness through the whole length of body, and perhaps they were about one-tenth as thick as the whole body, while a mass of some regularity filled the interior."—pp. 121, 122.

Dr. Bowditch concludes his communication with a history of the researches on the nature of the *Trichina* that have thus far been made.

¹ Zoological Transactions, 1835. Todd's Cyclopædia of Anatomy and Physiology, Entozoa. Or Medical Gazette, Vol. XV., p. 125, for analysis of the same paper.

On Italy as a residence for the Consumptive, by Dr. Mott of New York.

[The following remarks by Dr. Mott in his "Travels" contain but little that is new, but they confirm in some respects the views that are now almost unanimously entertained on the subject, and which we have urged elsewhere, (*Elements of Hygiène, and Practice of Medicine.*) The influences that are so beneficial in incipient phthisis are certainly not owing to mere equability of climate; for we know, that in countries in which the thermometer range is restricted tuberculosis is by no means uncommon. A climate, which is liable to vicissitudes, provided these are within certain limits, and whose general temperature is such, that the valetudinarian can take exercise in the open air every day during the winter, is the great desideratum. Doubtless, such exercise must not be carried to the extent of inducing fatigue, or undue excitement; but if these results be avoided, the thorough revulsion, caused by a change of every influence surrounding the individual is a revellent agency of the greatest importance, and after all it is to revellents that we have to trust entirely in these interesting cases.]

"It is a great error to suppose that Italy, with all its fascinations, is suited to the *pulmonary* invalid. The constant anxiety he feels to visit and examine the antiquities of a country that are exhaustless in variety and attractive beauty, and the intense excitement they occasion when seen, as well as the exposure and fatigue necessarily incurred in visiting them, are, from my own personal knowledge, often injurious to the health of such patients. It must, upon the slightest reflection, occur to the mind of every medical man, that hemorrhage from the lungs will be frequently brought on in such patients as we have described. A fact which we have positively known in that country, and which has aggravated the malady and expedited the fatal issue. Even where there is only a strong predisposition to an affection of the lungs, and no incipient disease, the symptoms may thereby become more speedily matured, and positive and fatal mischief be induced. But more especially where actual disorganisation exists, the exciting causes before mentioned will be attended with pernicious consequences.

"If a pulmonary [?] invalid from a colder country will travel in Italy without incurring exposure to the excitements we have mentioned, he will find its mild climate admirably suited to the mitigation of his malady; far more so, as we have already explained, than to the native Italian afflicted with these complaints.

"In the *great* class of nervous affections, where much debility exists, but unaccompanied with organic mischief, and especially when unconnected with pulmonary disease, the peculiar attractions that are found in Italy are signally remedial and bracing, and invigorating in their influence upon the general health, as we have already remarked, by addressing themselves to the moral and intellectual faculties. Such an invalid may reside for any length of time in any of the delightful cities of Italy, with great profit to his health. But far otherwise with the pulmonary man: he, in our opinion, ought to pursue a very different course. His rule should be, a constant change of place, and very little attention, much less close application to the diversified novelties that present themselves in his travels. The exercise to his body in this climate is far more important to him, than having his mind engaged in fatiguing excitements. Too much care cannot possibly be paid to this advice.

"As an illustration of the value of change of place for the pulmonary invalid, we may mention that the inhabitants of Lower Egypt, when threatened with disease of the lungs, resort to Upper Egypt, Nubia and Abyssinia for a change of climate, and we know with decided benefit. The inhabitants of Nubia and Abyssinia, on the other hand, when labouring under the same affections, come down to the lower or alluvial country with equal advantage.

"There has been much of romance in the pictures that have been drawn of the climate and advantages of Italy. Whatever may be the malady of the patient, he must be prepared to meet with inconvenience, which will constantly remind him of what he has lost by leaving home. Except in the capital cities, but few houses will be found with any accommodations that merit the name of what we Anglo-Americans understand by the significant word comfort. Most of them, he will find to his sorrow, are not provided even with the necessities of life. He must, too, often expect to encounter, after a long day's travel, meagre arrangements for fire to counteract the chill of the evening, and a cold stone floor, instead of a cheering carpet to tread upon, before he can reach his not less comfortless bed.

"I must here be permitted to protest against what I deem a reprehensible, if not cruel and wicked practice that some professional men fall into, of recommending or sanctioning, and sometimes even themselves urging the poor sufferer from pulmonary disease, after all the resources of our art have failed, to abandon his home, his family and friends, with the vain hope of recovering his health in a foreign land. The moment the disease appears to be confirmed, we have believed it to be our sacred duty to advise every patient to make himself as comfortable as possible in his own country, and within the immediate circle of his own family or relations, that he may partake, to the fullest extent, and up to the last sad moments of his life, of all the rational and soothing enjoyments of their sympathies, and all the luxuries of home, rather than die in a foreign land.

"We are aware, that nothing is more common than a fallacious and flattering hope, which a pulmonary invalid is prone to indulge in, and that the future is always painted in his imagination with the warm and glowing tints and rainbow hues of a bright and glorious dawn, even when the night-pall of death is drawing its curtains around, and the unconscious victim has reached even the dark confines of the grave. And however painful to the medical attendant to do or say that which shall chill or dampen the sanguine and delightful anticipations of recovery of his patient, he has but one course to pursue, which is, to do his duty."

Ileus cured by a Belladonna Enema. By Dr. Becker.¹ (*Gazette Médicale de Paris*, May 8th, 1841.)—A woman, 48 years of age, was suddenly seized with vomiting, pain in the bowels, and constipation. The vomiting became more and more fetid, and at last stercoraceous, and after five days' treatment was worse than ever. M. Becker then gave her an enema made with one drachm of the root of belladonna, which, within a very short time after its administration, put a stop to the pain and vomiting, and in half-an-hour brought away a stool containing much blood. After this, the woman gradually recovered. No narcotic effects were observed from the employment of the belladonna.

On the occurrence of Nephritis with Albuminous Urine in Infants. By Dr. Charcelay.² (*Gazette Médicale de Paris*, 25th September, 1841.)—Dr. Charcelay describes at length sixteen cases of a disease attended with œdema, and occurring in infants shortly after birth, which he attributes to nephritis. No particular symptoms are mentioned diagnostic of this affection, excepting the œdematous state of the body, and the urine being albuminous, as he calls it. The substance, however, which he designates albumen would appear not to be such as he mentions, that though a precipitate was occasioned by nitric acid, it was soluble in an excess of the same. The kidneys were found to be the seat of vascular engorgement, and were larger and redder than usual. A cretaceous looking matter, of a reddish-yellow colour, which he thought was lithic acid, was found in large quantity in the calices of the kidneys.

¹ Edinb. Med. and Surg. Jour., Jan., 1842. p. 254.

² Ibid. p. 255.